

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4241AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMERDALE AT RIATA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>14315 RIATA CIRCLE RENO, NV 89521</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 2/18/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was seven. Seven resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 2/18/10, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #2 - physical exam; Employee #3 - physical exam and second step TB).  This was a repeat deficiency from the 2/10/09 State Licensure survey.  Severity: 2 Scope: 3	Y 103			
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by: Based on observation on 2/18/10, the facility failed to ensure that 2 of 2 facility fire extinguishers were inspected annually.  Severity: 1 Scope: 3	Y 435			
Y1001 SS=C	449.2758(1) Training Req-Elderly Disabled  NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.	Y1001			

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Y1001	<p>Continued From page 2</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/18/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 2 of 3 employees (Employee #2 and #3).</p> <p>Severity: 1    Scope: 3</p>	Y1001			

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